Long Term Care Highlights

North Dakota Department of Health
Division of Health Facilities

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Special points of interest:

- Review the LTC RAI Users Manual when coding a resident for a toileting schedule.
- CNA's can impact the amount of food eaten by their residents.
- New federal regulations regarding upholstered furniture and mattresses.
- Use of smoke detectors in resident rooms is the exception.

Toileting Schedules

By Crystal Toepke, R.N.

What is a toileting schedule? The word "schedule" refers to performing the activity according to a specific, routine time that has been clearly communicated to the resident and caregivers. The concept of "toileting" refers to voiding in a bathroom or commode, or voiding into another appropriate receptacle. Changing wet garments is not included in this concept.

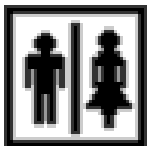
It is very important to review the "Long-Term Care Resident Assessment Instrument User's Manual" when coding a resident for a toileting schedule. Ensure coding for "any scheduled toileting plan (section H3a)" was completed and the resident meets the definition/requirements.

For residents on a scheduled toileting plan, the care plan should at least note that the resident is on a routine toileting schedule. A resident's specific toileting schedule must be in a place where it is clearly communicated, available to and easily accessible to all staff, including direct care staff.

The message of the facility should be that incontinence is an important issue, and the program and measures put in place to deal with it are important. More importantly, if you can change the organization's culture so that instead of thinking in terms of incontinence, staff and administration are thinking in terms of continence, the next step will be to ask how you can change the environment to reflect that value. Thinking in these terms might reveal new, effective strategies.

Some questions the facility should ask themselves:

- Is there documentation of identification, assessment and care planning for incontinence problems?
- Does the facility incontinence assessment include adequate information such as voiding patterns, intake and output and the need for specialized equipment to accommodate toileting?



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Toileting Schedules (continued)

- Is there evidence of an individualized care plan that reflects the assessment?

- How does staff document the care they give to incontinent residents? Does it match the care plan?

One of the biggest mistakes a facility can make is to treat all the residents alike. Toileting schedules have to be individualized and based on resident assessments. A common toileting schedule adopted by facilities is an every 2-hour schedule. This may be appropriate for a large number of residents, but after individual resident assessment the facility may find an every 3 to 4 hour schedule more appropriate. The facility may also find after individual resident assessment an every 2-hour schedule is not frequent enough.

REFERENCES:
Investigative Protocols-Management of Urinary Incontinence, http://www.heaton.org/inv-ui/.htm

Helping Residents Stay Dry, http://www.nrusinghomemagazine.com

Long-Term Care Resident Assessment Instrument User's Manual

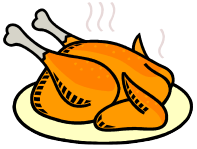
Food Consumption in Nursing Home Residents

By Grace Brooke Huffman, M.D.

The incidence of persons who are unable to self-feed increases with age. Approximately 45 percent of patients with dementia live in nursing homes and need assistance with eating.

Insufficient nutrition can lead to declines in mental and physical function, weight loss, worsening chronic illness and premature death. The study addressed interactions between patients and certified nursing assistants (CNA's) during feeding to determine which factors are predictive of the amount of food consumed by patients with dementia.

The study assigned a CNA to work with a particular resident for one month. Patients were included if they were at least 61 years of age, had been a resident of a nursing home for at least six weeks, had been diagnosed with dementia and relied on a caregiver for assistance with eating but were not on a limited calorie-intake diet. The Interaction Behavior Measure was used to rate the behaviors and verbalizations of the CNA. A low rating signified a "dysfunctional" interaction. The empathy of the CNA was also measured. The time to complete the meal was recorded, and the amount of food consumed was calculated by weighing the patient's tray before and after the meal.



There were 53 pairs of residents and CNA's included. The mean Mini-Mental State Examination score was 4.2 ± 5.5. The length of the meal was 15.66 minutes, and the mean amount of food eaten was 19.32 oz., representing 63 percent of the available food.

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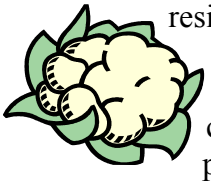
Food Consumption. . . (continued)

The quality of the resident's behavior was significantly and positively correlated with the proportion of food consumed. However, the CNA's willingness to let the resident control the interaction had a positive effect on the amount of food consumed. A better relationship between the nursing assistant and the resident was also correlated with a greater consumption of food.

The author concludes that the CNA's behavior can have a positive impact on the amount of food eaten by a nursing home resident with dementia. The study also notes that the CNA's paid attention to the task of feeding a resident but did not always attend to the aspects of the interaction that could improve the outcome, such as bantering and conversing with the resident and showing empathy for the resident's needs.

Amella EJ. Factors influencing the proportion of food consumption by nursing home residents with dementia. Journal American Geriatric Society, July 1999;47;879-85.

Editor's note: Although there are standard approaches to the evaluation of an elderly resident with unexplained weight loss, this study underscores the importance of caregiver interactions in the process. Although not a substitute for a thorough work-up, education about patient-caregiver interactions for CNA's in a nursing home may eliminate some unintended weight loss in residents.



Smoke Detectors in Resident Rooms

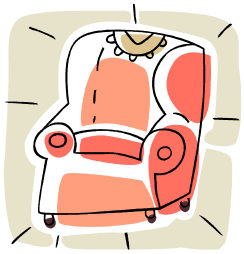
By Monte Engel, Manager, LSC and Building Standards

The federal law adopting the 2000 edition of the Life Safety Code (NFPA 101) went into effect March 11, 2003. One of the requirements of this code deals with upholstered furniture and mattresses, which were not previously regulated. If your facility is NOT protected by an automatic sprinkler system, upholstered furniture and mattresses brought into the facility after March 11, 2003 must meet specific tests for cigarette ignition resistance and rates of heat release. Note that upholstered furniture and mattresses already in the facility prior to this date are not subject to this requirement.

NFPA 101, Life Safety Code (2000 edition)
Chapter 19, Existing Health Care Occupancies

19.7.5.2 Newly introduced upholstered furniture within health care occupancies shall meet the criteria specified when tested in accordance with the methods cited in 10.3.2(2) and 10.3.3.

Exception: Upholstered furniture belonging to the patient in sleeping rooms of nursing homes, provided that a smoke detector is installed in such rooms. Battery-powered single-station smoke detectors shall be permitted.



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Smoke Detectors. . . (continued)

> **19.7.5.3** Newly introduced mattresses within health care occupancies shall meet the criteria specified when tested in accordance with the methods cited in 10.3.2(3) and 10.3.4.
>
> Exception: Mattresses belonging to the patient in sleeping rooms of nursing homes, provided that a smoke detector is installed in such rooms. Battery-powered single-station smoke detectors shall be permitted.

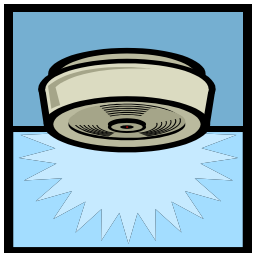
Your responsibility can be determined by your answer to the following question.

IS THE FURNITURE OR MATTRESS LOCATED IN A SPACE PROTECTED BY AUTOMATIC SPRINKLERS?

YES. No further requirements need to be met. Any upholstered furniture or mattress may be used in the nursing facility.

NO. Upholstered furniture or mattresses brought into the facility after March 11, 2003 must meet specific tests for cigarette ignition resistance and rates of heat release. However, residents may bring upholstered furniture or mattresses not meeting these criteria into their room, provided that a smoke detector is installed in the room. Battery-powered single-station smoke detectors are permitted.

If battery-powered smoke detectors are installed, we will expect to see documentation that they are being maintained in accordance with the manufacturer's instructions and NFPA 72, National Fire Alarm Code. This will include weekly testing of the battery.



The following scenarios may help in understanding and applying these requirements.

Scenario A: A family wishes to donate upholstered furniture to the facility to be used in the day room. The facility has an automatic sprinkler system.

Since a sprinkler system is present, no further criteria must be met. The facility may accept this furniture and use it in the day room.

Scenario B: The facility wishes to replace four mattresses in resident rooms in the B Wing and at the same time purchase new upholstered furniture for the lounge in this wing. This wing does not have an automatic sprinkler system.

Because there is no sprinkler system, the mattresses and furniture will need to meet the specific tests identified in the Life Safety Code.

Scenario C: Upon admission to the facility, a resident asks to bring a recliner from home. The facility does not have an automatic sprinkler system.

Because there is no sprinkler system, the recliner must meet the specific tests identified in the Life Safety Code. If the facility cannot verify that the recliner meets these tests, an exception would allow the installation of a smoke detector in the resident's room.

Visit us at www.health.state.nd.us

Kitchen Fire Extinguishing Systems

The adoption of the 2000 edition of the NFPA 101, Life Safety Code requires that current editions of other NFPA standards also be used. One of these standards is NFPA 96, *Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations*.

NFPA 96 includes requirements for fire extinguishing for the cooking equipment. These automatic fire extinguishing systems will be required to comply with standard UL 300, *Standard for Fire Testing of Fire Extinguishing Systems for Protection of Restaurant Cooking Areas* or other equivalent standards.

UL 300 primarily addresses self-contained chemical extinguishing systems. Another option is to connect the kitchen exhaust extinguishing system to the facility automatic fire sprinkler system.

Many facilities have already upgraded their kitchen fire extinguishing systems to the UL 300 standard. Others have their kitchen fire suppression system connected to the automatic sprinkler system.

If you have a chemical extinguishing system in your kitchen and it is currently not UL 300 compliant, you need to take the necessary steps to bring this system into compliance with this standard. We would suggest that you contact the company that currently services your kitchen fire extinguishing system and/or automatic sprinkler system to explore the best option for compliance.

Maintenance of Fire Dampers

NFPA 90A, *Standard for the Installation of Air-Conditioning and Ventilating Systems* covers the construction, installation, operation, and maintenance of systems for air conditioning and ventilating, including filters, ducts, and related equipment. Included in this standard are specific requirements for the maintenance of fire dampers.

At least every 4 years, the following maintenance must be performed:

(1) Fusible links must be removed.
(2) All dampers must be operated to verify that they close fully.
(3) The latch, if provided, must be checked.
(4) Moving parts must be lubricated as necessary.

This maintenance can be performed through the service opening, which is required to be located in the air duct adjacent to the fire damper. This opening must be large enough to permit maintenance and resetting of the device.

Basic RAI Workshop Scheduled

The Basic RAI (Resident Assessment Instrument) workshop with be held Oct. 1 and 2, 2003 in Bismarck, N.D. The brochures will be mailed about three weeks before the workshop. If you have any questions, please contact Pat Rotenberger at 328-2364.

MDS Validation Report Error Messages

Even though your MDS validation reports give you the error number and a brief description of the error, the validation report error manual will give you some extra tips and reasons for the error. The MDS validation report error messages manual can be found on this web site. www.qtso.com/mdsdownload.html. If you have any questions regarding MDS validation reports, contact Pat Rotenberger, State RAI Coordinator, at 328-2364.

If you have changed your e-mail address, please notify Bruce Pritschet at bpritsch@state.nd.us.

Certified Nurse Aide (CNA) and Medication Assistant Issues

If you are licensed as a medication assistant and are working in a long term care facility doing nursing or nursing-related duties, you must have a current certified nurse aide (CNA) certificate. The medication assistant category does not replace your need to keep up your CNA certification if you work in a long term care facility. To check on the status of your certification, contact Cindy at 328-2353.

The opposite is also true—if you are a certified nurse aide and are doing medication assistant duties in a long term care facility, you must also be licensed as a medication assistant through the North Dakota Board of Nursing. To check on the status of your licensure as a medication assistant, contact Sally at the N.D. Board of Nursing at 328-9777.

Federal long term care facility regulations require the long term care facility to employ only certified nurse aides. Facilities should check with their CNA's to make sure their addresses are up to date on the CNA Registry. The U.S. Postal Service will not forward any mail to the individual if his/her address has changed.

If you reside at a temporary address, please notify Cindy so you will receive your renewal notice. Renewal notices are sent out approximately four months prior to your CNA expiration date.

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